

SERFF Tracking Number:	PHAR-125463275	State:	Arkansas
Filing Company:	Pharmacists Mutual Insurance Company	State Tracking Number:	EFT \$20
Company Tracking Number:	AR-UCL-12-07-TERR		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2020 Commercial Umbrella & Excess
Product Name:	Adopt AAIS Terrorism Endorsements		
Project Name/Number:	/		

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Adopt AAIS Terrorism SERFF Tr Num: PHAR-125463275 State: Arkansas

Endorsements

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$20

Sub-TOI: 17.2020 Commercial Umbrella & Excess Co Tr Num: AR-UCL-12-07-TERR State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Lori Stokes

Date Submitted: 01/29/2008

Disposition Date: 02/14/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: AAIS

Reference Number: AAIS-2008-4CUP

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/14/2008

State Status Changed: 02/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pharmacists Mutual Insurance Company is a member of AAIS for our Commercial Umbrella program in your state. The purpose of this filing is to adopt AAIS' revised terrorism endorsements.

Company and Contact

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Filing Contact Information

Lori Stokes, lori.stokes@phmic.com
 PO Box 370 (800) 247-5930 [Phone]
 Algona, IA 50511

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
 808 Highway 18 West Group Code: 775 Company Type: Mutual
 P.O. Box 370
 Algona, IA 50511 Group Name: State ID Number:
 (800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20/filing to adopt AAIS' forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$20.00	01/29/2008	17715691

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		02/14/2008	02/14/2008

<i>SERFF Tracking Number:</i>	<i>PHAR-125463275</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Adopt AAIS Terrorism Endorsements</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125463275 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: AR-UCL-12-07-TERR
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess
Product Name: Adopt AAIS Terrorism Endorsements
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Terrorism Expedited Transmittal	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>PHAR-125463275</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>AR-UCL-12-07-TERR</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Adopt AAIS Terrorism Endorsements</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHAR-125463275</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

Satisfied -Name: Terrorism Expedited Transmittal

Review Status:

Accepted for Informational 02/14/2008
Purposes

Comments:

Attachment:

Expedited Filing Transmittal Document.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s): Arkansas

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Pharmacists Mutual Insurance Company	Iowa	13714	42-0223390

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Lori Stokes 808 Hwy 18 West Algona, IA 50511	515-395-7461	515-295-9306	Lori.stokes@phmic.com

Filing information

Line of Insurance (see attachment)	17.2 Other Liability - Occurrence Only/17.2020 Commercial Umbrella & Excess
Company Program Title (Marketing title) (if applicable)	Commercial Umbrella
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	Upon Approval
Filing date	01-29-2008
Company Tracking Number	AR-UCL-12-07-Terr
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Lori Stokes

Print Name:

Forms/Research & Development Mgr.

Title: